



# City of Chipley

1442 Jackson Avenue  
P.O. Box 1007  
Chipley, Florida 32428  
(850) 638-6350 Fax: (850) 638-6353

## ***RENTER'S AFFIDAVIT***

### **To be completed by the Renter**

I, \_\_\_\_\_ do hereby affirm that I am the legal occupant of the following described property, \_\_\_\_\_.

I hereby authorize the utilities to be turned on and understand that I am fully responsible for all bills incurred for the use of said utilities.

I further understand that I must abide by all provisions of City Ordinances that apply to the utilities being used. Copies of the City Ordinances are available at the City Hall or online at [www.cityofchipley.com](http://www.cityofchipley.com). Any violation of any utility ordinance may cause all utilities to be disconnected.

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **To be completed by the Owner/Landlord**

I, \_\_\_\_\_ do hereby attest that my property, located at \_\_\_\_\_ has been rented to the following tenant(s): \_\_\_\_\_ as of \_\_\_\_\_.

Last Occupant Name: \_\_\_\_\_

Date Services to be Connected: \_\_\_\_\_

Services to be Connected: Water \_\_\_\_\_ Sewer \_\_\_\_\_ Gas \_\_\_\_\_ Garbage \_\_\_\_\_

Is this a residence? \_\_\_\_\_ Is this a business? \_\_\_\_\_

If a business, do you have a backflow preventer installed? \_\_\_\_\_

Owner/Landlord Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Owner/Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_